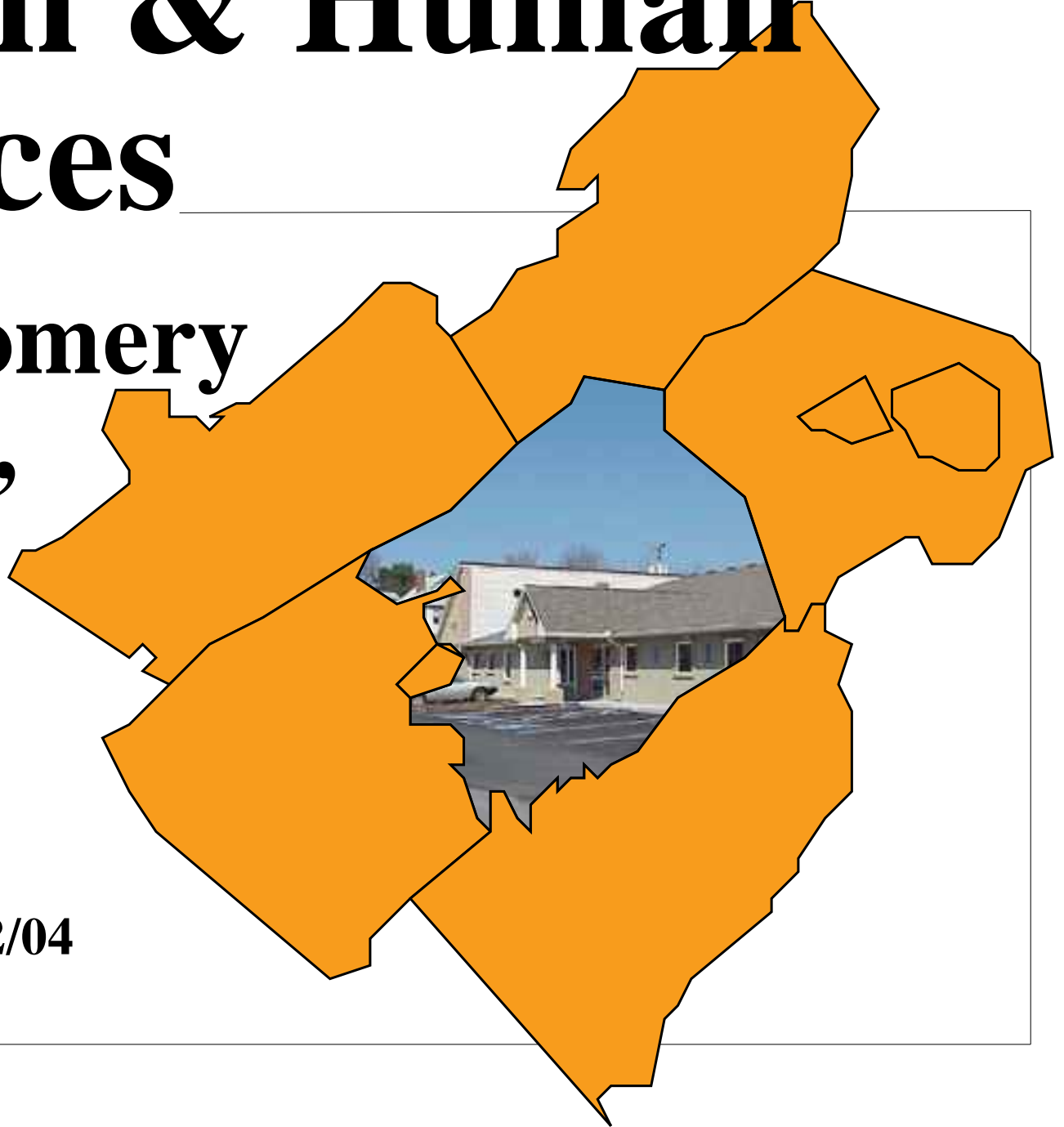


# Health & Human Services

**Montgomery  
County,  
2025**

**Adopted: 10/12/04**



# Health and Human Resources: Executive Summary

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The Health and Human Services Chapter addresses quality of life issues in the social, natural, and built environment, including the provision of adequate health and human services and facilities. Montgomery County recognizes that healthy communities are communities in which both what we have in common and how we are different are celebrated, and in which the health of the community is measured in the success and satisfaction of all of its residents. There are five key goals included in the Health and Human Services Chapter:

- Sustainable and Livable Communities
- Quality of Life
- Regional Cooperation and Collaboration
- Medical and Mental Health Facilities
- Human Services and Facilities



Photos by Robert Parker



# Health and Human Resources: Introduction

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In the 2003 Community Survey, participants were asked to think about the changes they would like to see over the next 20 years and then describe Montgomery County in 2025. While the focus of the survey was on land use planning issues, the comments generated by the survey were far broader in range and far more inclusive in intent. They covered topics as broad as the need for increased tolerance and diversity in Montgomery County and as focused as the need to address inequities, poverty, and other social issues not generally broached in land use planning based documents. It is important, however, to recognize that the character and quality of land use development, the location of public and private facilities, and the resulting environmental quality have very real consequences on the social, cultural, and health and mental health conditions within.

Initially, issues connected to health care were included in the same category as fire, rescue, and law enforcement. However, the results of the community survey indicated a substantial interest in not only health care issues, but also in human service issues, most notably those connected to the provision and distribution of childcare, elder care, and at-risk youth services and facilities. The comments dealing with human service issues can be found in this portion of the report, as well as in comments connected to housing, education, economic development, and parks and recreation. Whether the issue was afterschool programs and community facilities which cater to k-12 students or the provision of a senior accessible frisbee golf course, the subject of services and facilities for both the oldest and youngest citizens turned out to be a key issue for many of the respondents.

As Montgomery County and the surrounding region continue to grow, the need for human services will expand. While the

provision of shelters and group homes, mental health and at-risk youth facilities are not often popular and all too often provoke NIMBY responses, the reality is that they are facilities which are needed, but rarely addressed in comprehensive plans. As the debates over the construction and expansion of the Carilion Hospital facility, south of Radford, have shown over the last few years, even traditional health care facilities can run into public opposition, especially when their placement is seen as an

encroachment on existing land uses, on historically defined landscapes, or on land values in the vicinity. In other words, while their provision is not often popular, it is all too often necessary and should be taken into consideration in the comprehensive plan. For this reason, the subject of health and human services has been removed from the original element (Public Safety) and is now a separate element.

The health and human services chapter is intended to address the development of a livable



Photo by Robert Parker

and sustainable community for all residents and the provision of future health and human service facilities which go a long way in defining quality of life, including:

- Health care facilities (hospitals and clinics);
- Mental health facilities (clinics, and public and private treatment centers);
- Group homes, shelters, and halfway houses;
- Childcare facilities;
- Facilities for seniors (daycare, retirement communities, long-term care facilities);
- Rehabilitation facilities;
- Facilities designed to accommodate those in the community with disabilities; and
- Facilities that address the needs of the very poor.

## Community Survey Results

The community survey asked participants to rank 41 issues, drawn from comments made at previous community meetings. Only one, availability of medical care, was included in the Health and Safety category. Three additional issues, originally connected to other chapters, are also related to this chapter: affordable housing, the quality of manufactured housing parks, and educational opportunities for adults. The majority of concerns included in this chapter, however, did not come from the forty-one issues but from the participants written comments. Participants expressed concern over issues related to both children and senior

citizens, including, the provision of daycare for both groups; issues surrounding diversity and human relations, including the need for stronger neighborhoods and affordable housing; issues surrounding human potential, including job training, access to resources, living wages, and greater opportunity; and issues connected to improving and maintaining the quality of life of Montgomery County residents.

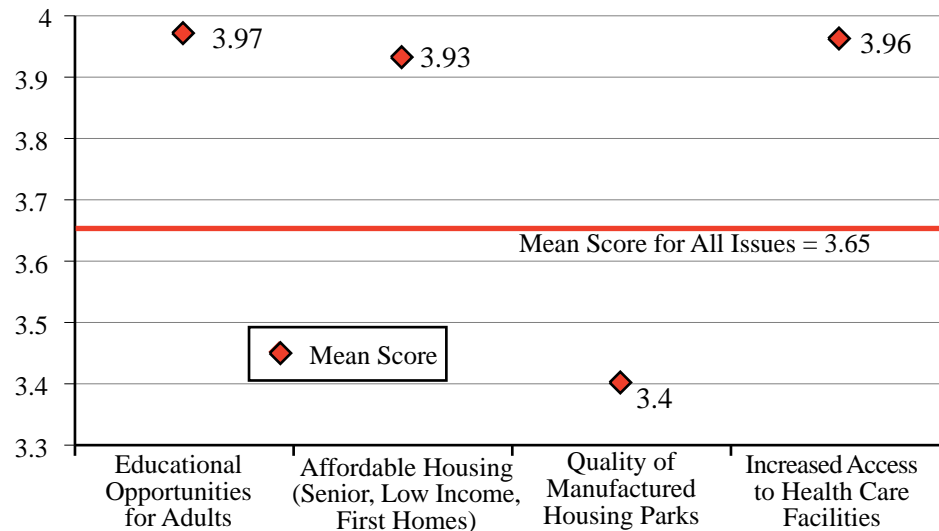
### *Educational Opportunities for Adults*

Of the four issues included in the “rank these issues” portion of the survey, educational opportunities for adults scored the highest, with a mean score of 3.97. Of those who responded, 73% rated educational opportunities for adults as either important or very important. Their written comment clearly reflected this level of concern. Participants noted the need for additional adult educational opportunities at the local universities, affordable night classes, an increased emphasis on vocational training opportunities for adults and non-college bound students, improved educational benefits, support of literacy efforts, adequate funding, and equal educational opportunities.

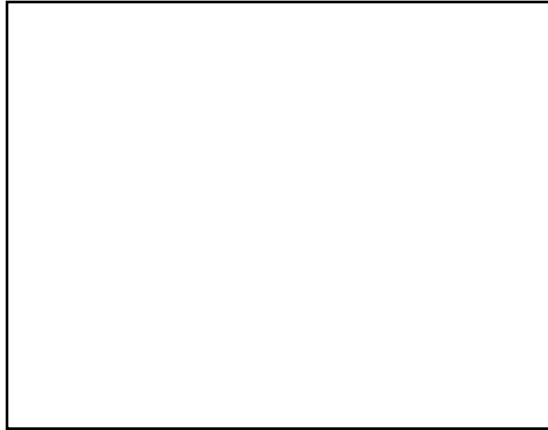
A number of the participants saw access to education as central to quality of life and economic opportunity. One respondent commented that “Part of the charm of the county is the rural feel with opportunities available for citizens to better themselves.” Another suggested that the County “educate single parents with affordable education to improve income.” Still another wrote that:

“Montgomery County should be an area known for its excellent educational opportunities for all. Facilities and personnel should be provided to meet the needs of a growing, prosperous community.”

### Health & Human Resources: Community Survey Mean Results, 2003



**Note:** Forty-one issues were included in the “rate this issue in terms of importance” portion of the community survey. A mean score was calculated for each of the 41 issues, as well as for the total of all issues. Issues with scores higher than 3.65 (the mean for all issues) indicate that the majority of respondents rated the issue greater importance; a score lower than 3.65 indicates that the majority of respondents rated the issue of less importance than the on average. The scale for the survey was: 0=no response; 1= not important; 2=minimally important; 3=moderately important; 4=important; and 5=very important. Source: 2003 Community Survey, Montgomery County, Virginia.



#### *Increased Access to Health Care.*

Both in their ranking of the “increased access to health care” as an issue and in their written responses, participants clearly saw access to both health care and mental health care as important issues. Of those who responded to the survey, 74% ranked increased access to health care as either important or very important. Of those participants who had never participated in a planning input session, 75% rated increased access to health care as important or very important. Finally, of those age 50 and older, 78% rated increase access to health care as important or very important.

Participants concern for access to health care was reflected in many of their written comments. This was especially true for those respondents who lived in Eastern Montgomery County, where the closest hospital is located not in Montgomery County but in Roanoke. Of those who wrote written responses, most focused on the quality and quantity of health care in Montgomery County, as well as health care for the poor and uninsured. As one participant noted, “people get sick on days other than Tuesday.” Another saw the issue in terms of “universal accessibility.”

Many of the respondents, however, tied health care to the needs of a growing retirement

population. One participant wrote that inasmuch as Montgomery County “is becoming a retirement community, a new medical center” is needed.

Surprisingly, the concern over health care was relatively strong among student respondents as well, although the emphasis was on access to affordable health care and the need for additional health care facilities rather than the provision of services for senior citizens. As one student, from eastern portion of Montgomery County, noted “there are no doctors to help you.” Others commented that there were no doctors’ offices or hospitals. Students suggested getting more hospitals, more doctors, more nurses, “hospitals closer to us,” and “getting more health departments.”

In addition, students were asked if they could talk to the members of the Board of Supervisors, what would they say. One student wrote that s/he would “like to live close to a doctor.” Another wrote that s/he would “tell them we need more hospitals and doctors offices.” Indeed, concerns about proximity and availability of doctors and hospitals were the central themes in the students comments about health care.

#### *Affordable Housing*

Affordable Housing, which garnered nearly as many written comments as environmental and economic development issues, had a mean score of 3.93, with 73% of respondents rating affordable housing as either important or very important. The issue of the quality/livability of mobile home parks had a far lower score (mean=3.4), with 55% of survey participants rating the issue either important or very important.

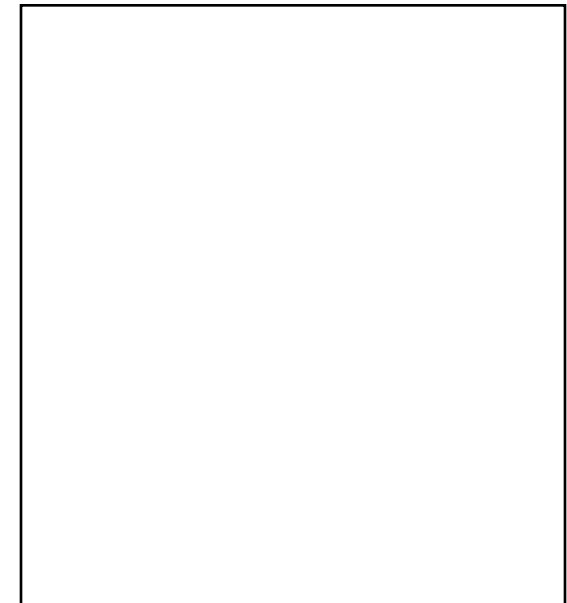
#### *Issues Raised in Citizen Comments*

In addition to the issues included in the “rate this issue” portion of the citizen survey, a wide variety of issues were introduced in citizen and student responses to the open ended

questions, including elder and childcare, diversity, poverty, and equity.

Citizens’ interests in healthcare went beyond just the issues of proximity or access. A few respondents suggested increasing the number of specialists in Montgomery County, encouraging a trend that has marked the County’s growth over the past 30 years. Since 1970, there has been a decreased reliance on medical facilities in Roanoke as the number of professionals and medical specialists have increased in the County. Other participants felt there was a need to increase medical services aimed at senior citizens, including a greater number of long-term care facilities and programs

Participants noted the need for expanding senior and youth facilities and programs, including: child and adult daycare facilities, and youth services, programs, and facilities. Perhaps not surprisingly, comments on the community survey tended to focus far more on the needs of seniors and less on youth services,



whereas the exact opposite was true in the student surveys.

Both groups (citizens and students) raised the issue of diversity and the need for cohesive response towards issues related to equity and poverty in Montgomery County. The issues of diversity and equity generated some of the more specific comments in the participants' written responses. One participant wrote that the county needed to pay "attention to race relations, poverty, and limited income housing" Another suggested that the county needed to become a "welcoming community for all races, sexual orientations, and socioeconomic groups." Others suggested that Montgomery County "embrace diversity," while providing" opportunities for growth." and that "Montgomery County should be a place where different cultural, ethnic, and economic strata can prosper with their social and basic needs met." Finally, one noted that:

As any concerned citizen, I would like to see Montgomery County improve in areas of Race issues for minorities and the less fortunate.

Participants suggested a number of possible solutions or starting points for addressing diversity and equity issues. One participant suggested increased "collaboration/ communication among diverse groups." A number of participants suggested increased "minority representation in the schools and government." In addition, a number of

1. A fuller treatment of student survey comments can be found in the student survey pages (available online at [www.Montva.com](http://www.Montva.com) and on the cd-rom version of the plan. Additional analysis can be found in the "Listening to Students," a pdf. report (available for download from both the website and, on the cd-rom, and in the hardcopy versions of the plan distributed to the public libraries.

2. Much of the health and human services data (education, environment, economic, housing, public safety, and transportation) is dealt with in other chapters. The discussion in this chapter covers the basic demographics for Montgomery County and the current Health and Human Service indicators.

participants suggested a greater emphasis on the development of mixed income neighborhoods. One wrote, "I would like to see a county with mixed income levels living together in neighborhoods" mirroring a "concern for the less affluent to have ready & affordable access to workplace & home.

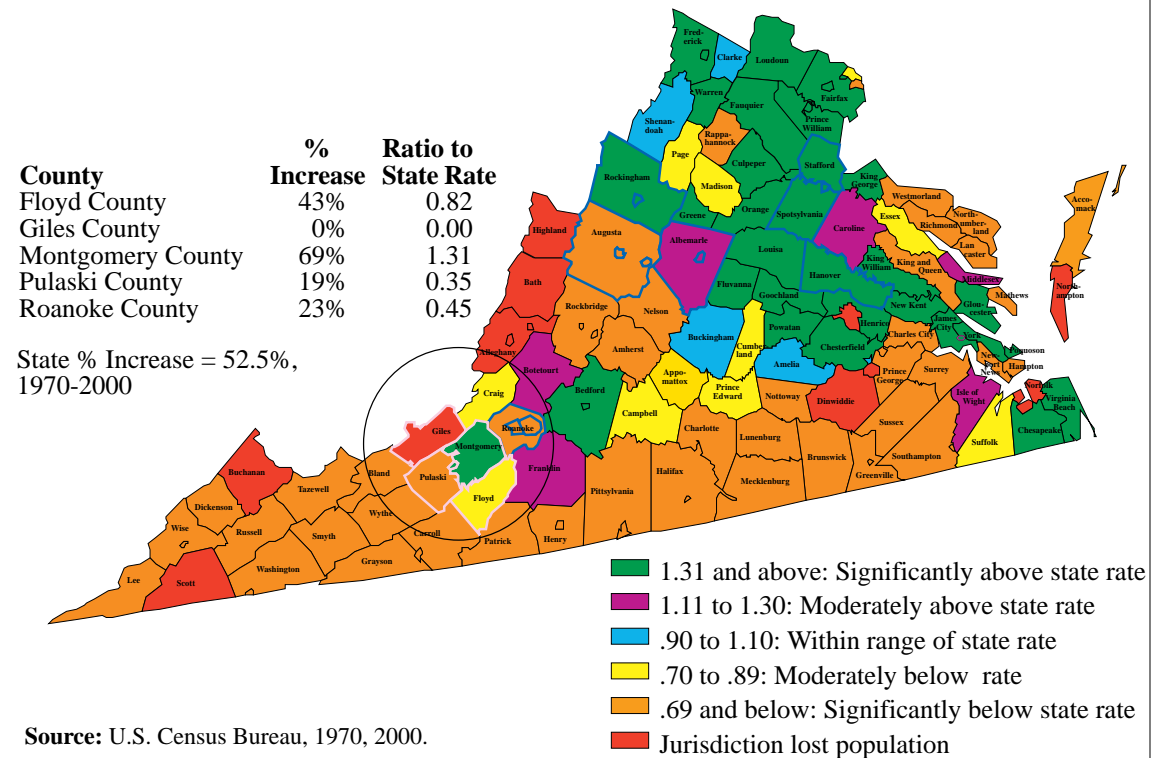
Student respondents addressed the issues of diversity, poverty, and other social concerns at a greater rate and covering a broader range of topics than did the adults, although their comments were not generally as detailed. While citizen comments focused primarily on diverse neighborhoods and increased opportunity, students wrote about problems of homelessness, lack of jobs and opportunities, poverty, and the

lack of youth programs and activities. In one of the letters to the members of the Board of Supervisors, a student wrote:

"The county could definitely find a way to deal with the poverty in the area. They could focus more on helping poor families and provide them with better benefits and services."

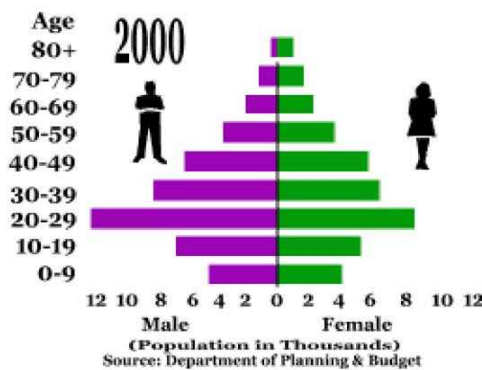
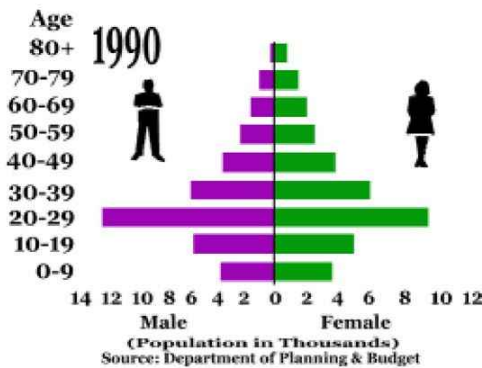
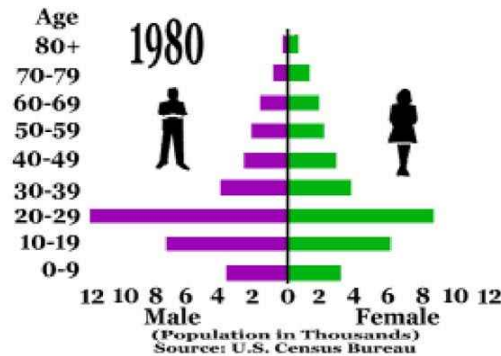
Another wrote that "With better education, the poverty level will decrease and our community would function more efficiently." When asked what issues they felt Montgomery County was facing, students cited population growth, drugs and alcohol, and helping people in need.

### Population: % Increase in Montgomery County, 1970-2000





Age by Gender, 1980-2000



## Montgomery County: Population Characteristics, 2000

	Population, 2000 Census	Ratio of Females to Males	Median Age	Average Household Size
Montgomery County	83,629	100:110	26	2.4
Unincorporated Areas	26,109	100: 1.36	n/g	2.43
Christiansburg	16,947	100:92.7	35	2.35
Blacksburg	39,573	100:127	22	2.37
Elliston-Lafayette	1,241	100:92.4	35	2.53
Shawsville	1,029	100:100.6	34	2.39
Merrimac	1,751	100:82	40	1.82

	White	African American	American Indian	Native Asian	Hawaiian	Other	2 or More Races
Unincorporated Areas	26093	498	70	163	5	90	190
Christiansburg	15783	819	36	70	3	81	155
Blacksburg	33394	1738	45	3087	22	355	932
Elliston-Lafayette	1140	50	7	2	2	13	27
Shawsville	990	11	6	1	0	5	16
Merrimac	1652	33	10	34	0	6	16
Montgomery	75270	3055	151	3320	30	526	1277

	Total Minority Population	Minority Population: % of Whole	Total Population
Unincorporated	1016	3.75%	27109
Christiansburg	1164	6.87%	16947
Blacksburg	6179	15.61%	39573
Elliston-Lafayette	101	8.14%	1241
Shawsville	39	3.79%	1029
Merrimac	99	5.71%	1735
Montgomery	8359	10.00%	83629

Source: U.S. Census Bureau, 1980, 1990, and 2000 Census.

The students' biggest area of concern, however, dealt with the belief that the County was not providing them with adequate facilities and programs, both in education and in recreation and entertainment. A number of participants commented on the connection between the lack of youth programs and the likelihood that youth would "get into trouble." One student suggested "that we put more places for teenagers in so that they can get off the street." Another wrote, "If I could talk to the Board of Supervisors, I would say that we need more activities to keep kids out of trouble." (1)

### Historic and Current Conditions and Trends

#### General Population Characteristics

In 1980, the population of Montgomery County was 63, 516. Of that population, 48% lived in Blacksburg, 16% lived in Christiansburg, and the remaining 34% lived in the unincorporated areas of county. In 2000, both Blacksburg and the unincorporated areas of Montgomery County saw their percentage of the overall population decline (47% and 32%, respectively). Christiansburg, on the other hand, now houses 20% of the county's population. Indeed, of the three areas of the county, Christiansburg experienced the highest growth rate, 39%, from 1980 to 2000. While part of the rapid expansion in the population in Christiansburg can be attributed to annexations during the period of time, one need only drive through Christiansburg and look at all of the new development to know that annexation is not the only explanation.

#### Race

While Montgomery County is still predominantly White, the minority population has increased from less than 5% in 1980 to slightly less than 10% in 2000. People of Asian ancestry account for much of the increase in the minority population (4% of the population in 2000, up from 1% in 1980). Increases were

### Montgomery County: Median Family (MFI) and Household Income (MHI), Number of Households per Income Group, 2000

# of Households		Program/Income Category	Income
Less than \$10,000	4,397	Sec. 8 Housing: Max. Income (50% of MHI)	\$16,165
\$10,000-\$14,999	2,722	Per Capita Income (2000)	\$17,077
\$15,000-\$24,999	5,230	Poverty Threshold (USCB, 2002, Family of 4)	\$18,244
\$25,000-\$32,330	3,178	Poverty Rate (HHS, 2002, Family of 4)	\$18,400
\$32,331-\$34,999	846	Free Lunch Program: (Upper Cutoff, 2002)	\$23,920
\$35,000-\$49,999	4,999	Median Household Income (2000)	\$32,330
\$50,000-\$74,999	5,015	Reduced Lunch Program (Upper Cutoff, 2002)	\$33,120
\$75,000-\$99,999	2,398	Median Family Income (2000)	\$47,329
\$100,000-\$149,999	1,482	Median Priced Home, 2002	\$137,500
\$150,000-\$199,999	321		
\$200,000 or more	466		
Total	31,054		

**Sources:** U.S. Census Bureau, 2000 US Census (Factfinder); U.S Department of Health and Human Services, 2003; Montgomery County Department of Social Services, 2003; Montgomery County Assessor, 2003.

also seen in the African American and Native American communities. It should be noted that the U.S.Census changed the way they viewed and accounted for race in the 2000 Census. Prior to 2000, respondents were asked to identify themselves based on a single racial designation; in 2000, respondents were asked to designate, if applicable, more than one race. The change in approach has had an effect on the representation of some groups, most notably Native Americans, by expanding the group's base population through the inclusion of individuals who may only be part Native American.

#### Hispanic Origin

In 1980, Hispanics accounted for less than 1% of the population. While their percentage is still very low (2% of the population in 2000), the Hispanic community experienced a 61% growth rate between 1980 and 2000.

#### Language

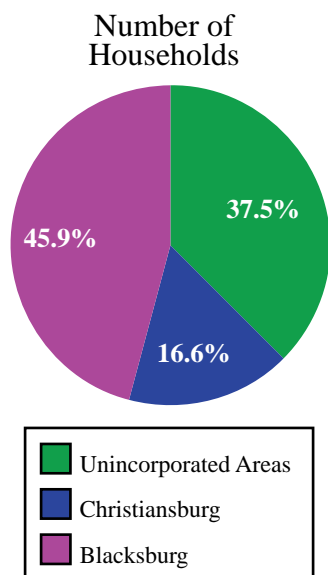
Although English is still the primary language, spoken in 93% of the homes in the County, that figure is down from 95.1% in 1980. Of those respondents who identified a different language as their primary "at home" language (including Spanish, Indoeuropean languages, and Asian and Pacific Islander languages), 64% indicated that they speak English "very well." In terms of government services, the relatively low percentage of Spanish speaking residents has meant that local government program information, including planning information, has been provided, primarily, in English, although this is likely to change as the Hispanic population increases.

#### Age

Age still remains one of the most telling features of the Montgomery County population, especially when factoring in the impact of Virginia Tech students on the age distribution



## Montgomery County: Family Characteristics, 2000



### Notes:

1. The statistics for Montgomery County, includes the towns, the unincorporated portion of the County, the villages of Elliston and Shawsville, and the Merrimac community.

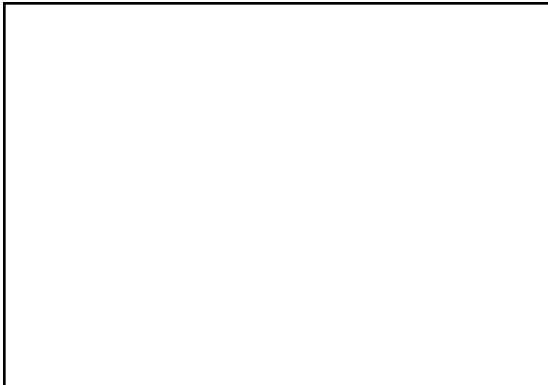
Source: US Census Bureau, 2000 Census.

	Number of Households	Percentage of Households with Children Under 18	Percentage of Households with Married Couples	Percentage of Households with Female Householder, no Husband Present	Percentage of Households that are Non-Families	Percentage of Households with Individual Living Alone	Percentage of Households with Individual, 65 or Older, Living Alone
Montgomery County	30,977	25%	45%	8%	44%	25%	7%
Unincorporated Areas	10,742	32%	59%	10%	29%	23%	8%
Christiansburg	7,093	31%	53%	11%	33%	27%	9%
Blacksburg	13,162	16%	29%	5%	64%	27%	4%
Elliston-Lafayette	489	34%	50%	15%	29%	24%	10%
Shawsville	431	35%	49%	12%	31%	24%	8%
Merrimac	889	18%	29%	7%	60%	54%	25%

in the County. Currently, residents between the ages of 18 and 21 make up slightly more than 1/5th (21.6%) of the county's population. Of this population, 57% are male and 43% are female. The gender disparity in this population is due, primarily, to Virginia Tech. According to Tech, 58% of their students, in the fall of 1999 were males and 42% were females. A similar pattern can be seen in the 22-29 age group, which, presumably, includes the majority of graduate students at Virginia Tech. With the exception of those 65 and older, the population, by gender, is within a four point spread, indicating a reasonably balanced population. This balance, however, disappears within the retirement age population (65 and older), with women far outnumbering men. For those 65 to 79, there is slightly more than an 11 point spread between men and women. For those 80 and older, the spread increases to more than a 36 point spread.

#### *Retiree Population*

While retirees do not represent a large percentage of the population (8.6%), there has been an increase in the retiree population in the past two decades (39.6%). Part of the increase can be attributed to the construction and expansion of both Warm Hearth Village and Wheatland in the past 20 years. Given the size



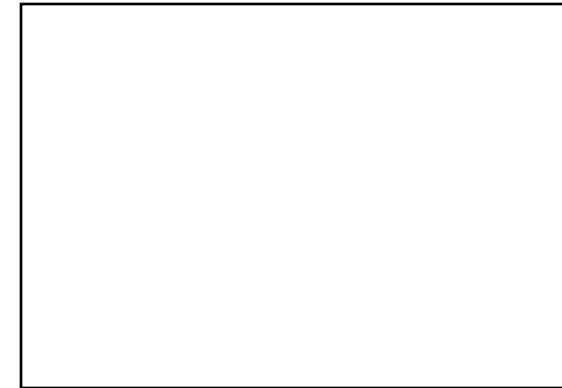
of the Baby Boom Generation (those born between 1944 and 1963 and represented by the 40 to 49 and the 50 to 64 cohorts, the county can expect a far greater increase in the number and percentage of retirees over the next 20 years. Indeed, by 2025, the entire Baby Boom generation will be over the age of 65.

#### *Households and Families*

In 2000, there were 30,977 households in Montgomery County, 34.6% of which (10,742) were located in the unincorporated areas and villages. Between 1990 and 2000, there was an 18.1% increase in the number of households. During the same period of time, the number of housing units increased by 17.1% in the county as a whole, and by 18.4% in the unincorporated areas. Of the occupied housing units (95.3% occupancy rate), 55.2% were owner occupied and 44.8% were renter occupied. Not surprisingly, while the majority of occupied units in Christiansburg and the unincorporated areas were owner occupied (66.9% and 77.6%, respectively), the majority of units in Blacksburg were renter occupied (69.5%), reflecting the presence of a large student population.

Household and family composition represents one of the most diverse categories in the U.S. Census data and also clearly illustrate the differences between the two towns and the unincorporated area of the county. While 25% of the households in Montgomery County, as a whole, include children under 18, only 16% in Blacksburg do. Christiansburg and the unincorporated areas of the county (excepting Merrimac where 18% of the households include children) have roughly the same percentages (31% in Christiansburg, 32% in the unincorporated areas). Shawsville has the highest percentage of households with children under 18 present at 35%.

The same trends hold true for the percentage of households with married couples: 59% in the unincorporated areas, 53% in Christiansburg, and 29% in Blacksburg. In the unincorporated



areas, Elliston-Lafayette has the highest percentage of households with married couples, while Merrimac has the lowest (29%).

Although the number of households with a female householder with no husband present accounts for a relatively low percentage overall (8%), the percentage varies a great deal, with a low of 5% in Blacksburg and a high of 15% in Elliston Lafayette (15%).

A significant portion of the households in the county are "non-family" (44%). The "non-family" designation is a misnomer in the sense that it includes individuals living alone (25% of total households), non-traditional families (including unmarried couples), widowed senior citizens living alone (7% of total households), as well as student households most typically associated with universities. Reflecting the presence of students, 64% of Blacksburg's households are considered "non-families." In the unincorporated areas, "non-families" account for 29% of the total households. Elliston-Lafayette has the lowest percentage of non-family households (29%), while Merrimac has the highest percentage (60%). Merrimac also has the highest percentage of households in the county with individuals living alone (54%) and individuals over 65 living alone (25%). Inasmuch as the U.S. Census Bureau includes Warm Hearth in the Merrimac area, the higher percentages are not particularly surprising.

Child Day Care  
Capacity (number slots  
per 1,000 children, ages  
0-11, 2002)

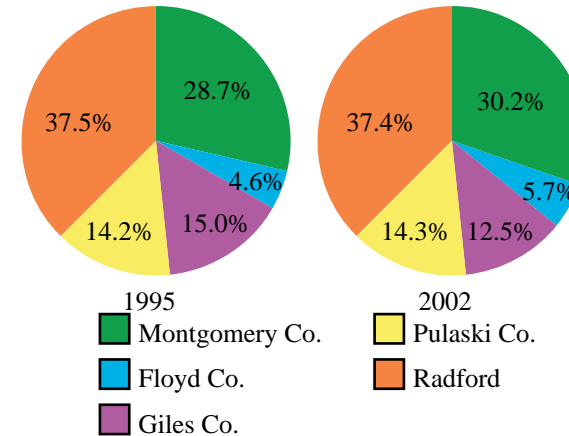
## Montgomery County: Child Care Capacity, 1995-2002

	1995	2002	Percentage Difference: 1995 to 2002	Ratio to State Rate, 2002
Virginia	186	255	37.10%	
Montgomery Co.	235	303	28.94%	1.19
Floyd Co.	38	57	50.00%	0.22
Giles Co.	123	125	1.63%	0.49
Pulaski Co.	116	143	23.28%	0.56
Radford	307	375	22.15%	1.47
Roanoke Co.	231	228	-1.30%	0.89
Roanoke	274	487	77.74%	1.91
Salem	521	655	25.72%	2.57
Albemarle Co.	103	99	-3.88%	0.39
Charlottesville	611	1038	69.89%	4.07
Augusta Co.	74	153	106.76%	0.60
Staunton	355	404	13.80%	1.58
Waynesboro	193	363	88.08%	1.42
Hanover Co.	353	418	18.41%	1.64
Rockingham Co.	51	163	219.61%	0.64
Harrisonburg	144	246	70.83%	0.96
Spotsylvania Co.	79	147	86.08%	0.58
Fredericksburg	274	641	133.94%	2.51
Stafford Co.	127	225	77.17%	0.88

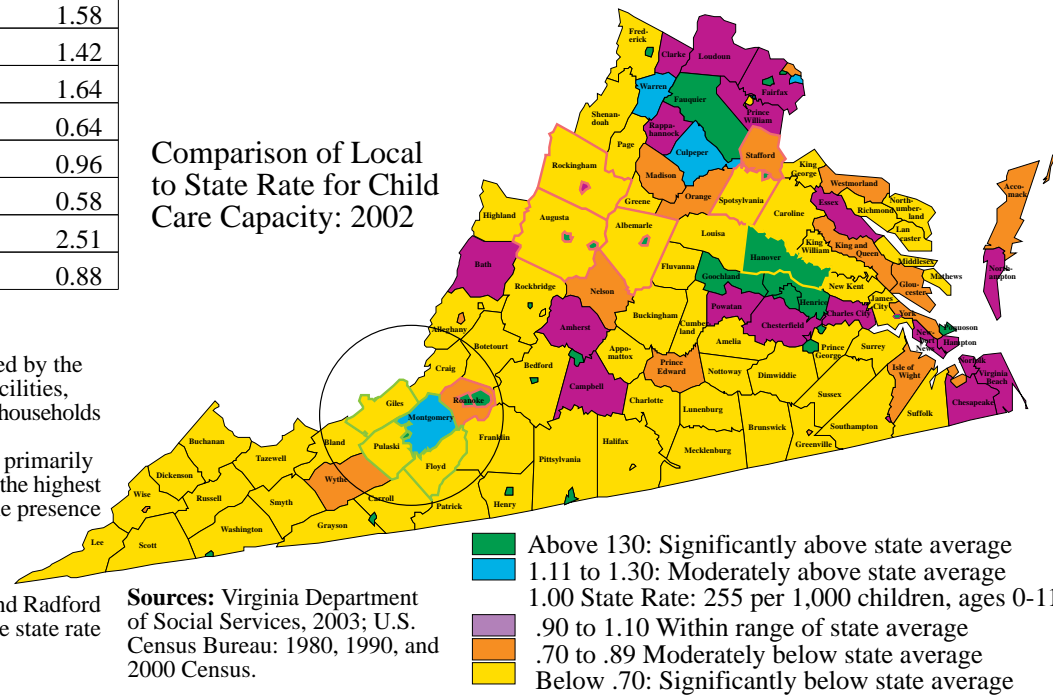
### Notes:

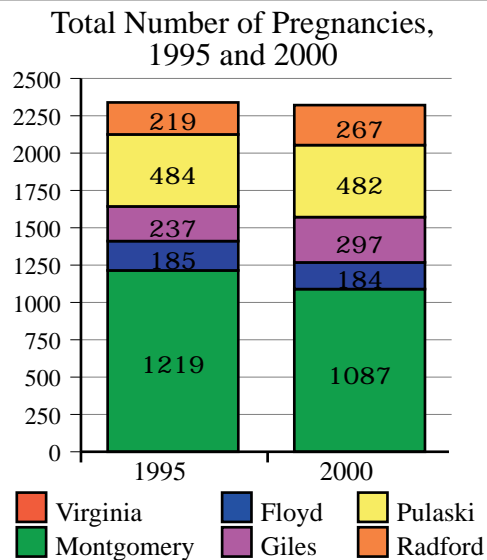
1. The data is point-in-time.
2. The rate reflects only those child care facilities which are regulated by the Virginia Dept. of Social Services. It does not include unregulated facilities, informal childcare arrangements (a neighbor, a family member, etc), or households with at least one stay-at-home parent.
3. As the map to the right indicates, licensed child care facilities are primarily an urban phenomena. While Montgomery and Hanover counties have the highest county rates for non-urban areas, their rates are misleading due to the presence of large towns (Blacksburg and Christiansburg) within the counties' boundaries. When the urban areas in each county are factored in, Montgomery County has the third lowest rate of comparative counties. Locally, Montgomery County and Radford City have the highest rates of child care capacity, both well above the state rate of 255 positions per 1,000 children ages 0-11.

### Regional Share of Child Care Capacity, by Jurisdiction, 1995 and 2002



### Comparison of Local to State Rate for Child Care Capacity: 2002





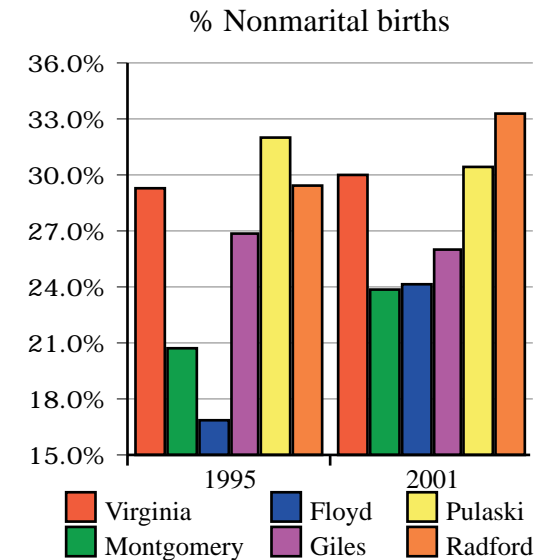
## Natality: Montgomery County, 1995 and 2001

### Five Year Infant Mortality Rate per 1000 Live Births

	1991-1995	1996-2000
Virginia	7.7	7.3
Montgomery	2.5	3.4
Floyd	0	5.6
Giles	20.7	6.8
Pulaski	17.4	5.6
Radford	9.2	9

### Percentage Receiving Prenatal Care in 1st Trimester

	1995	2001
Virginia	82.4%	84.6%
Montgomery	84.8%	87.7%
Floyd	87.1%	81.6%
Giles	71.5%	86.6%
Pulaski	85.4%	84.9%
Radford	82.6%	88.7%



### Birth Rate Per 1000 Population

	1995	2001
Virginia	14.0	14.0
Montgomery	10.4	9.8
Floyd	12.6	11.4
Giles	11.8	15.2
Pulaski	11.7	11.7
Radford	6.5	10.0

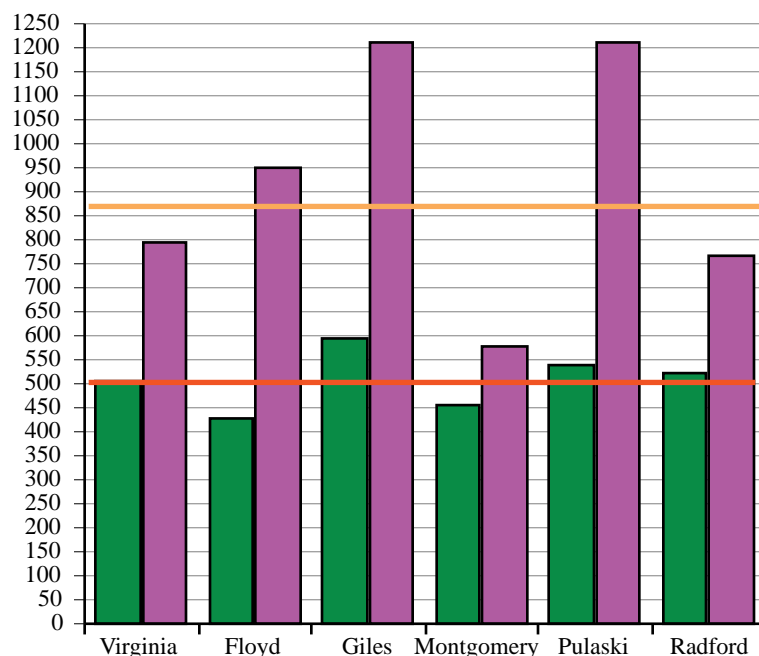
### Childbearing Population, 2002, Rate per 1000 Population by Age of Mother

	Population: Females Ages 10-19, 1995	Population: Females Ages 10-19, 2002	Total No. of Teenage Live Births, 1995 (1)	Total No. of Teenage Pregnancies, 2001 (1)	Population by Age of Mother, 1995	Population by Age of Mother, 2002	Population by Age of Mother, 1995	Population by Age of Mother, 2002	Population by Age of Mother, 1995	Population by Age of Mother, 2002
Virginia					37.4	31.5	51.1	33.4	59.5	103.6
Montgomery	5,708	6,679	75	150	26.4	22.5	44.8	24.9	37.8	32.6
Floyd	722	838	17	19	31	22.7	50.1	24.4	65	94.9
Giles	1,938	977	40	38	51.5	38.9	62.9	51.8	60.5	140
Pulaski	1,940	1,914	72	66	45	34.5	38.6	42.6	55.9	121.6
Radford	2,264	2,020	24	44	21.6	21.8	74.3	30.9	17.3	24.8

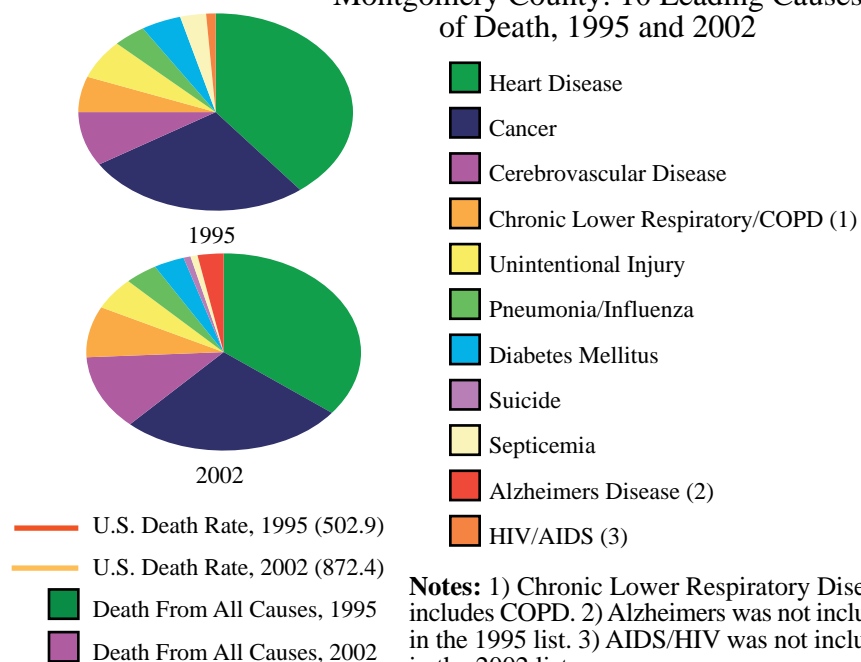
**Note:** (1) In 1995, the VDH provided the total number of live births; in 2001, the VDH provided the number of teenage pregnancies. There is no way to determine the outcome of the pregnancies. **Sources:** Virginia Department of Health, 2004; Virginia Primary Care Data Profile, Virginia Primary Care Association, Inc., January, 1998; Virginia Health Statistics, 1995, Center for Health Statistics, Virginia Department of Health, January 1997; Virginia Primary Care Data Profile, Virginia Primary Care Association, Inc. January 2001; Virginia Health Statistics 2000 Annual Report-- Volumes 1 & III, Center for Health Statistics, Virginia Department of Health, February 2002.

## Montgomery County: Mortality, 1995 and 2002

Mortality Rate (per 100,000 in population), 1995 and 2002



Montgomery County: 10 Leading Causes of Death, 1995 and 2002



**Notes:** 1) Chronic Lower Respiratory Disease includes COPD. 2) Alzheimers was not included in the 1995 list. 3) AIDS/HIV was not included in the 2002 list.

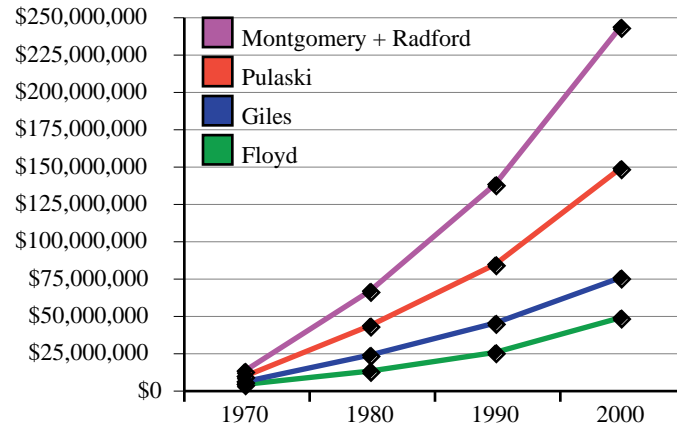
10 Leading Causes of Death (rate per 100,000 in population), 1995 and 2002

	United States		Virginia		Floyd		Giles		Montgomery		Pulaski		Radford	
	1995	2002	1995	2002	1995	2002	1995	2002	1995	2002	1995	2002	1995	2002
Heart Disease	138.2	257.5	137.2	214.7	127.7	237.9	147.6	354.2	143.9	161.4	164.9	318.8	147.4	220.7
Cancer	129.8	20.5	132.7	190.4	72.6	176.8	135.9	216.1	98.6	120.8	120.3	279.0	134.2	220.7
Cerebrovascular Disease	26.7	60.2	29.4	57.6	15.5	72.1	33.2	96.1	32.0	56.2	30.8	79.7	29.0	56.8
Chronic Lower Respiratory/COPD (1)	21.2	44.9	20.5	39.7	13.4	73.2	15.7	120.1	21.2	37.1	21.0	76.9	30.0	50.4
Unintentional Injury	29.2	33.9	27.8	33.3	75.6	93.7	65.8	66.0	24.0	23.9	39.9	59.8	19.2	18.9
Pneumonia/Influenza	13.0	24.3	13.3	21.3	14.8	26.6	12.2	18.0	13.4	17.9	14.0	45.5	0.0	25.2
Diabetes Mellitus	13.2	24.9	11.7	22.0	0.0	25.4	15.0	24.0	18.1	16.7	6.7	51.2	2.7	18.9
Suicide	15.4	10.3	11.4	10.9	7.4	10.3	0.0	36.0	0.0	3.6	2.7	11.4	0.0	25.2
Septicemia	11.0	11.5	11.2	15.5	0.0	9.1	34.6	24.0	10.6	3.6	21.3	14.2	14.3	12.6
Alzheimers Disease (2)		17.8		15.5		19.4		42.0		14.3		22.8		12.6
HIV/AIDS (3)	4.1		6.4		3.6		0.0		4.3		9.1		2.7	

**Sources:** Virginia Department of Health, 2004, Center for Disease Control, 1995, 2000, 2001.

## Montgomery County, Distribution of Transfer Payments, 1970-2000 (Number in Thousands)

**Total Personal Current Transfer Payments,  
1970-2000**



**Note:** Transfer payments refer to payments from a government agency, or in some cases a business, to other government agencies, nonprofit organizations, and individuals. For example, Social Security transfers government monies to individuals. In 2000, direct government payments to individuals accounted for 90% of total personal current transfer receipts, up slightly from 1970 (88%). The distribution, however of government payments to individuals has shifted dramatically. In 1970, medical payments accounted for 8.8% of the total government payments to individuals and retirement 64.9% of the government payments to individuals, while the remaining 26.3% divided between income maintenance (SSI, family assistance, food stamps, and housing programs), unemployment, and veterans benefits. By 2002, the most recent year available, medical payments accounted for 34.9% of the government payments to individuals, while retirement payments dropped to 47.9% of the total. The remaining 17.2% of the government payments to individuals were distributed between income maintenance, unemployment, and veterans benefit programs. Finally, it should be noted that in the same period of time, family assistance (AFDC and TANF) dropped from 1.26% to .69% of government payments to individuals and food stamps decreased from 1.48% to 1.25%. Only housing and other subsidies (heating, emergency repair, etc.) rose from 1.17% to 4.03%, reflecting the impact of the increased cost of housing.

	1970	1975	1980	1985	1990	1995	2000
Total personal current transfer receipts	12893	36404	65243	99305	138129	190446	243194
Government payments to individuals	11417	32965	59751	88905	125901	177258	220097
Retirement and disability insurance benefit payments	7414	17782	33822	52387	69507	87055	110314
Medical payments	1010	4212	9705	17985	31900	56826	74121
Income maintenance benefit payments	571	3137	5348	6794	9961	17290	18386
Unemployment insurance benefit payments	443	2906	3081	2492	2349	1091	1047
Veterans benefit payments	1870	3874	3970	5261	5091	6413	7859
Fed ed. and training assistance payments (excl.vets)	108	656	3815	3968	7043	8460	8155
Other payments to individuals	(L)	398	(L)	(L)	50	123	215
Payments to nonprofit institutions	854	1578	3347	4242	5887	9172	11850
Federal government payments	470	568	1108	1068	1443	2146	2572
State and local government payments	151	614	1432	1626	2716	4376	5501
Business payments	233	396	807	1548	1728	2650	3777
Business payments to individuals	622	1861	2145	6158	6341	4016	11247

**Source:** Bureau of Economic Analysis, Regional Profiles, 2004.

**Notes:** (L)=Amount is less than \$50,000. Other payments to Individuals consist BIA, education exchange, survivor benefits for families of public officers, victim compensation, disaster relief, and other special payments to individuals. State and Local government payments consist of education assistance and other payments to nonprofit organizations. Business payments to individuals consist of personal injury and other business transfer payments.



## Montgomery County: Childhood Poverty, 1993-2003

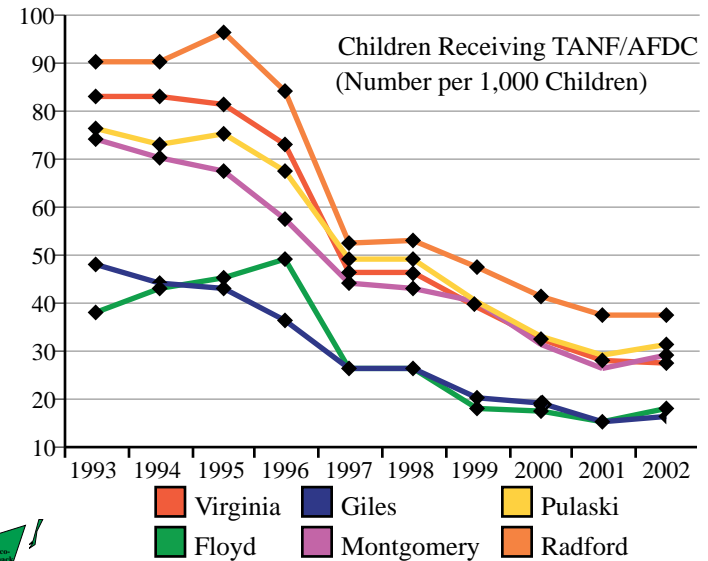
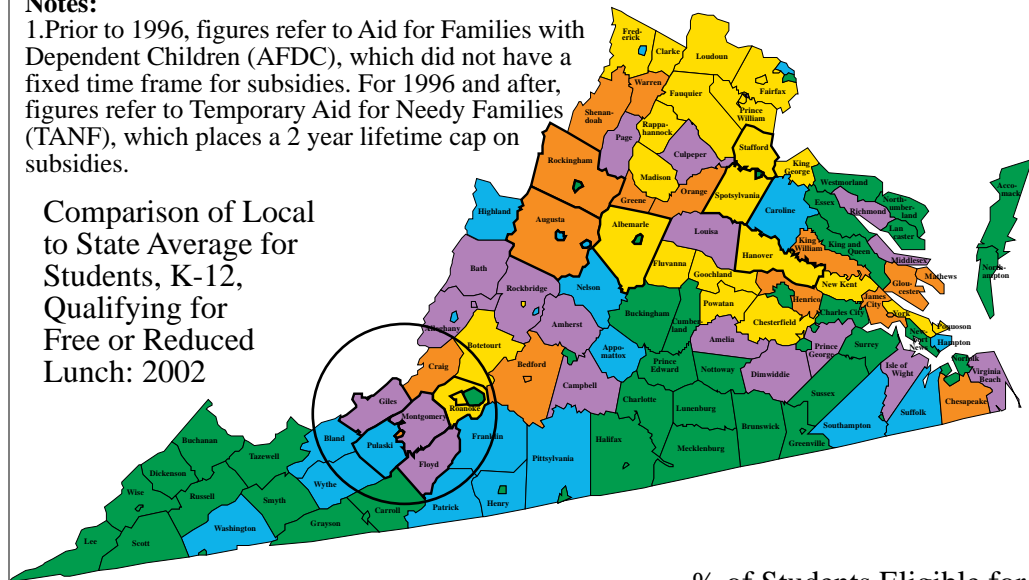
Children Receiving TANF/AFDC (number per 1,000 children) (1)

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Virginia	83	83	81	73	46	46	39	32	28	27
Floyd	38	43	45	49	26	26	18	17	15	18
Giles	48	44	43	36	26	26	20	19	15	16
Montgomery	74	70	67	57	44	43	40	31	26	29
Pulaski	76	73	75	67	49	49	40	33	29	31
Radford	90	90	96	84	52	53	47	41	37	37

### Notes:

1. Prior to 1996, figures refer to Aid for Families with Dependent Children (AFDC), which did not have a fixed time frame for subsidies. For 1996 and after, figures refer to Temporary Aid for Needy Families (TANF), which places a 2 year lifetime cap on subsidies.

Comparison of Local to State Average for Students, K-12, Qualifying for Free or Reduced Lunch: 2002



### Notes:

2. Students from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents.

3. Poverty Threshold (USCB, 2002, Family of 4) \$18,244

Poverty Rate (HHS, 2002, Family of 4) \$18,400

Free Lunch Program: (Upper Cutoff, 2002) \$23,920

Reduced Lunch Program (Upper Cutoff, 2002) \$33,120

4. According to the USCB, 8.8% of families, 12.8% of families with related children under age 18, and 16.6% of families with related children under age 5 were at or below the poverty level.

% of Students Eligible for the Free or Reduced Lunch Program, 1993-2003 (2)

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Virginia	29%	30%	31%	32%	32%	32%	31%	31%	31%	32%	33%
Montgomery	26%	29%	33%	29%	30%	29%	29%	28%	28%	31%	33%
Floyd	28%	27%	27%	26%	31%	30%	30%	29%	33%	34%	32%
Giles	31%	30%	31%	30%	30%	30%	28%	28%	29%	31%	32%
Pulaski	30%	31%	31%	32%	32%	33%	33%	32%	34%	37%	37%
Radford	19%	19%	20%	19%	19%	19%	18%	17%	22%	23%	23%

**Sources:** Virginia Department of Education, 2004; Virginia Department of Social Services, 2004; Annie E. Casey Foundation, 2004; Bureau of Economic Analysis, 2004. U.S. Department of Health and Human Services, 2003; U.S. Census Bureau, 2003.

# Health and Human Services: Goals

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**HHS 1.0 Sustainable and Livable Communities:** Promote development patterns in Montgomery County which enhance the diversity; recognize the interrelatedness of land use, economic development, quality of life, social, health, and environmental issues; and enable the development of a livable and sustainable community for all citizens. (1)

**HHS 2.0 Quality of Life:** Promote a fair and equitable approach to quality of life issues, including housing, jobs, transportation, education, and community amenities. (2)

**HHS 2.1 Affordable Housing.** Montgomery County should promote affordable housing and livable neighborhoods and communities. (3)

**HHS 2.2 Economic Development.** Establish and support an economic development policy that : 1) provides a living wage; 2) encourages diversity and accessibility; 3) increases access to job training and retraining opportunities; and 4) expands opportunities for job advancement and improved quality of life for all citizens.

**HHS 2.3 Transportation.** Provide increased access to and variety of public transportation opportunities for all citizens,

with a special emphasis on job-related transportation for the disabled and for lower income individuals and families. (4)

**HHS 2.4 Technical and Vocational Education Facilities and Programs.** Expand technical and job related training through a partnership with Virginia Tech, Radford University, New River Community College, and the Montgomery County Public Schools, as well as other public and private vocational and job training programs in Montgomery County through the reuse of abandoned or decommissioned educational facilities and funded through public/ private partnerships. (5)

**HHS 2.5 Community Facilities.** Equitably distribute new cultural and recreational facilities throughout Montgomery County in order to provide greater access to social, cultural, and recreational opportunities to all county residents.

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## Cross References and Notes:

1. Sustainable and livable communities is also addressed in HSG 1.0: Livable Neighborhoods (pg. 189) and HSG 1.3: Safe Neighborhoods (pg. 190).
2. While much of this plan deals with improving citizens' quality of life, specific references are contained in ECD 1.0: Economic Development, Land Use, and Quality of Life (pg. 99).
3. The work group promoted the following affordable housing strategies: 1) mixed income developments through the implementation of a 25% affordable housing requirement for all new developments such that the units will be interspersed throughout the development rather than encouraging ghettoization (clustering of affordable units in one area); 2) development of smaller housing stock (starter homes) of 1,000-1,500 square feet on smaller lots by providing developers with density bonuses; 3) accessory dwelling development in higher density areas in order to provide greater access to and dispersion of rental units; 4) provision of individual eldercare opportunities for families by allowing accessory dwellings on all lots in the county used for residential purposes; 5) mixed-use developments which allow residential, commercial, institutional, and/or industrial uses within a single development; 6) encourage increased development and density in areas where public utilities and services area available; and 7) establish and enforce a property maintenance in order to address housing standards in Montgomery County.

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## Cross References and Notes:

4. Public transportation is addressed in TRN 3.0 Mass Transit (pg. 223) and TRN 4.0 Alternative Transportation (pg. 224).
5. Education and Technical/Vocational Training are addressed in ECD 2.0: Workforce Development (pg. 100) and EDU 2.1 Technical and Vocational Education (pg.117).
6. The location of community facilities are addressed in PLU 1.6 Village Expansion Areas (pg.41); PLU 1.7: Villages (pg. 43); and PLU 1.8: Urban Expansion Areas (pg. 45) as well as the chapters covering Cultural Resources, Educational Resources, and Recreational Resources.

**HHS 3.0 Regional Cooperation and Collaboration:** Promote regional, local, and intergovernmental cooperation in the development and distribution of health and human services, with a special emphasis on public/private cooperation and collaborative efforts. (7)

**HHS 3.1 Interjurisdictional Cooperation:** Work with the NRV Planning District Commission to establish a interjurisdictional task force to assess and monitor health and human service related issues both in Montgomery County and in the New River Valley.

**HHS 3.1.1 County Office on Cooperation:** Establish an office that would provide: 1) linkages between public and nonprofit agencies and between jurisdictions; 2) grant-writing resources for public/nonprofit partnerships; 3) generation of public information for public and nonprofit agencies.

**HHS 1.3 Public Information:** To facilitate the distribution of public information concerning health and humans service related issues, services, and facilities.

**HHS 1.3.1 County Office on Information.** Work with the Montgomery County Public Information Office to develop appropriate and effective approaches to the development and distribution of social and health service related information

**HHS 1.3.2 Geographic Information System.** Create appropriate geographic information system layers which track affordable housing, distribution of social and health services, demographic information (income, commute time, household size, etc. by block, block group, and voting district), and emergency management information.

**HHS 4.0 Medical and Mental Health:** To promote and, when possible, help facilitate the equitable distribution of medical and mental health services and facilities, including hospitals, clinics, special care facilities, and fire and rescue services throughout the county, with a special emphasis on underserved populations or areas of the county. (8)

**HHS 4.1 Health Care Facilities.** Identify and designate areas appropriate and adequate for the location of long- and short-term medical and mental health care facilities, with a special emphasis on the siting of long term eldercare facilities.

**HHS 4.2 Emergency Care Facilities.** In conjunction with the Health Department, the Free Clinic, and other public and nonprofit agencies, develop and site an emergency health care clinic in underserved portions of the County, most notably in the Shawsville-Elliston-Lafayette area.

**HHS 4.3 Emergency Response Facilities and Staff.** Continue to support the development of adequate fire and rescue facilities and ongoing training of fire, rescue, and law enforcement staff throughout Montgomery County.

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**Cross References and Notes:**

7. Montgomery County recognizes the grants are often more successful when they incorporate a regional approach and have the support of local governments and government agencies. In addition, governments can offer certain services, such as GIS, that may be beyond the scope, ability, or budget of social, human, health, and mental health organizations.

**Cross References and Notes:**

8. The Community-Based Schools and Public Facilities initiative offers one possible solution to the siting of health and human service facilities in the County. Specific discussion of the program is included in PNG 3.1.4 Community Based Schools and Public Facilities Initiative (pg.68) and EDU 1.2: Community Based Schools and Public Facilities (pg.116). Public safety facilities are addressed in SFY 1.3: Future Capital Facilities (pg.197).

**HHS 5.0 Human Services and Facilities:** To promote and, when possible, help facilitate the development and equitable distribution of elder, family, and youth services and facilities throughout the county, with a special emphasis underserved population or areas of the county.  
(9)

**HHS 5.1 Human Service Facilities.** Identify and designate areas appropriate and adequate for the location of human service facilities, including group homes; emergency care facilities, such as shelters; transitional care and housing facilities, and rehabilitation facilities.

**HHS 5.2 Elder Care Facilities.** Identify and designate areas appropriate and adequate for the location of elder care facilities, including retirement communities, long-term care facilities,

adult daycare facilities, and other special use facilities specific to the needs of the senior population.

**HHS 5.3 Child and Youth Care Facilities.** Identify and designate areas appropriate and adequate for the location of child and youth care facilities, including child care centers, after school centers, child and youth group homes, and other special use facilities specific to the needs of children, youth, and families.

**HHS 5.4 Location.** Explore the design and implementation of a "Trust Program" which would allow landowners, in specific areas of the county, to gift their property to health and human service organization if they so choose in exchange for tax relief.

**HHS 5.5 Adequate Funding:** To promote adequate public and private funding for public health and human services and facilities.

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**Cross References and Notes.**

9. See footnote # 8 (pg. 176).